

REACT TRAUMA CARE CHECKLIST- PREHOSPITAL/LOCAL EMS

FOR PATIENTS MEETING MAJOR TRAUMA CRITERIA
 RECORD INTERVENTIONS DONE PRIOR TO ARRIVAL AT YOUR ED
 SEE BACK FOR FURTHER INSTRUCTIONS

PATIENT'S NAME: _____

HOSPITAL: _____

TODAY'S DATE: _____

TIME OF ASSESSMENT: _____

*PATIENT CONFIDENTIALITY WILL BE MAINTAINED AT ALL TIMES *

INTERVENTION	NEEDED AND DONE	NOT NEEDED	NEEDED BUT NOT DONE	COMMENTS
AIRWAY SECURED (TRACHEA INTUBATED)				
CERVICAL SPINE IMMOBILIZED				
OXYGEN DELIVERED AT 100%				
CHEST DECOMPRESSED				
HEMORRHAGE CONTROLLED				
VASCULAR ACCESS OBTAINED				
INJURED EXTREMITIES SPLINTED				
WOUNDS COVERED				

LEVEL OF EMS CERTIFICATION: PLEASE CIRCLE THE HIGHEST LEVEL OF CERTIFICATION OF THE EMS PERSONNEL TRANSPORTING THE PATIENT TO YOUR FACILITY.

EMT

EMT-D

EMT-I

EMT-AI

EMT-P

SQUAD: _____

TIMES (MILITARY)

TIME OF INJURY _____

TIME OF ED ARRIVAL _____

TIME OF REQUEST FOR TRANSFER TO TRAUMA CENTER _____ TIME OF ARRIVAL AT TRAUMA CENTER _____

INJURIES

COMMENTS

DOCUMENTING NURSE: _____

Instructions for Completing the Checklist

Prehospital Care

1 . Please complete a checklist for each trauma patient meeting these criteria:

GCS<14 or RR<10 or >29 or PTS<9 or Systolic BP<90 or RTS<11

Pelvic fractures

Flail chest

2 or more proximal long bone fractures

Combination trauma with burns of 10% or inhalation injuries

All penetrating injuries to head, neck, torso, and extremities proximal to elbow and knee

Limb paralysis

Amputation proximal to wrist/ankle

Ejection from automobile

Death in same passenger compartment

Pedestrian thrown or run over

High speed crash: Initial speed >40 mph, Velocity change >20 mph, Auto deformity >20", Intrusion into passenger compartment >12"

Extraction time >20 min.

Falls >20 ft.

Roll over

Auto-pedestrian injury with >5mph impact

Motorcycle crash >20mph or with separation of rider and bike

Age <5 or >55

Known cardiac disease, respiratory disease or psychotics taking medication, insulin dependent diabetics, cirrhosis, malignancy, obesity or coagulopathy

Any other patient suspected of sustaining major trauma

2. Indicators refer to interventions performed prior to ED arrival.

3. Please check "needed and done" for each intervention needed and performed.

4. Please check "not needed" if an intervention was not needed based on the patient's condition.

5. Please check "needed but not done" for each intervention that should have been done based on the patient's condition but that was NOT done.

6. The "injured extremities splinted" indicator includes MAST applied for pelvic and/or lower extremities fractures.

7. Under the item "times" please list the times indicated if available.

8. The injuries section at the bottom is for any information that you can provide about injuries and/or mechanism of injury.

9. The comments section at the bottom is for any information that you feel is important in explaining or clarifying checklist responses.

10. If the patient is transferred to PCMH Trauma Center, please send this form with other transfer materials or please fax (see front for number) or mail it to REACT Project, ECIPP, Suite 300 BB&T Bldg., Greenville N.C. 27834.

We appreciate your time and help in providing this information.

REACT TRAUMA CARE CHECKLIST-TRAUMA TRANSFERS

TO BE USED ON ALL TRAUMA TRANSFERS TO PCMH TRAUMA CENTER
 RECORD INTERVENTIONS DONE PRIOR TO ASSUMPTION OF CARE BY EASTCARE OR PCMH TRAUMA
 CENTER

SEE BACK FOR FURTHER INSTRUCTIONS

PATIENT'S NAME: _____ REFERRING HOSPITAL: _____

TODAY'S DATE: _____ TIME OF ASSESSMENT: _____

PATIENT CONFIDENTIALITY WILL BE MAINTAINED AT ALL TIMES

INTERVENTION	NEEDED AND DONE	NOT NEEDED	NEEDED BUT NOT DONE	COMMENTS
AIRWAY SECURED (TRACHEA INTUBATED)				
CERVICAL SPINE IMMOBILIZED				
OXYGEN DELIVERED AT 100%				
CHEST TUBE INSERTED				
HEMORRHAGE CONTROLLED				
VASCULAR ACCESS OBTAINED				
INJURED EXTREMITIES SPLINTED				
GASTRIC TUBE INSERTED				
FOLEY CATHETER INSERTED				
WOUNDS COVERED				
TETANUS DOCUMENTED				
ANTIBIOTICS GIVEN				
<u>ADDITIONAL INTERVENTIONS AT REFERRING HOSPITAL</u>				
<u>TIMES (MILITARY)</u> TIME OF INJURY _____ TIME OF ARRIVAL AT REFERRING ED _____ TIME OF REQUEST FOR TRANSFER TO TRAUMA CENTER _____ TIME OF ARRIVAL AT TRAUMA CENTER _____				
<u>INJURIES</u>				
<u>COMMENTS</u>				
DOCUMENTING NURSE: _____				

Instructions for Completing the Checklist

Trauma Transfers

1. Please complete a checklist for each trauma patient transferred from another facility.
2. **Indicators refer to interventions done prior to assumption of care by Eastcare or PCMH Trauma Center.**
3. Please check "needed and done" for each intervention needed and performed.
4. Please check "not needed" if an intervention was not needed based on the patient's condition.
5. Please check "needed but not done" for each intervention that should have been done based on the patient's condition but that was **NOT** done.
6. The "hemorrhage controlled" indicator includes operative intervention for internal hemorrhage control as well as measures to control external hemorrhage. Please document operative procedures under the "comments" section.
7. The "injured extremities splinted" indicator includes MAST applied for pelvic and/or lower extremities fractures.
8. The additional interventions section is for listing interventions other than those already identified.
9. Under the item "times" please list the times indicated if available.
10. The injuries section at the bottom is for any information that you can provide about injuries and/or mechanism of injury.
11. The comments section at the bottom is for any information that you feel is important in explaining or clarifying checklist responses.

We appreciate your time and help in providing this information.